

## Welcoming Remarks–Day 2

Helene Gayle  
Director, National Center for HIV, STD, and TB Prevention  
Centers for Disease Control and Prevention

There has been dramatic progress in reducing perinatal HIV transmission in the U.S. since 1994 when the successful clinical trial (PACTG 076) results were first announced. Women are being offered voluntary counseling and testing more routinely, and zidovudine (ZDV) use for prevention of mother-to-child transmission has also increased. Perinatally-acquired AIDS has decreased dramatically—down 81% since 1993.

This progress is related to a number of factors. In addition to ZDV regimens for mothers and infants, women are also receiving combination antiretrovirals for their own care during pregnancy. At many referral centers, perinatal transmission rates as low as 1%-3% are being reported for these women. Obstetrical interventions to reduce infant exposure during labor and delivery, i.e., elective c-sections, are also being employed.

However, gaps still remain. Some women still do not receive antenatal care; some women who do receive antenatal services are not offered voluntary counseling and testing; some HIV-infected women who are identified during pregnancy do not receive antiretrovirals either for their own care or to prevent perinatal HIV transmission; and some babies still continue to be infected. Thus, congressional funding of CDC under the Ryan White Care Act for this perinatal HIV prevention initiative remains important.

This meeting brings together a variety of important public health programs both at the state and national level. At the national level, CDC is working closely with NIH, HRSA, SAMSHA and national health care provider organizations to implement perinatal HIV prevention programs. This includes joint efforts in the development and implementation of the USPHS guidelines for counseling and testing; for reducing perinatal HIV transmission; and for women's health care and treatment. Here at CDC, the HIV prevention staff have linked with the surveillance and epidemiology staff to assist you in your state efforts. At the state level, HIV prevention, maternal and child health, Medicaid, substance abuse, and other relevant programs are working together to provide perinatal HIV prevention services.

At all levels, it is critical that mother-infant HIV prevention activities be integrated with other HIV prevention efforts. This initiative does so by bringing lessons learned from perinatal HIV prevention successes as well as from other HIV prevention successes to the task of reaching those women and infants who may not have been reached by other HIV prevention efforts.

We want to thank our partners at NIH including NIDA, NICHD, NIAID, as well as colleagues at SAMSHA and HRSA, for being a part of the coordinated Public Health Service approach to reducing perinatal HIV transmission, and for supporting treatment for HIV-infected women, children and youth. We also appreciate the continued collaborations with our partners at NASTAD and the national health care provider organizations.

We look forward to your continued progress and feedback both during the meeting and over the next year in this critical public health effort. Thank you for your dedicated work on behalf of women and children. We pledge CDC's continued support and technical assistance as we move ahead together to maximally reduce and potentially eliminate all new cases of perinatal HIV transmission in the U.S.